

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90130 022 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N18784

1. Corporation Name

MISSIONARY EBENEZER ASSEMBLY OF GOD, INC.

Principal Place of Business

WINFER STREET
P.O. BOX 1088
ZELLWOOD FL 32798

Mailing Address

WINFER STREET
P.O. BOX 1088
ZELLWOOD FL 32798


370178-90317-3



| | | |
|--------------------------------|---------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 | 2b | 01/15/1987 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number |
| 22 | 27 | 59-2974525 |
| City & State | City & State | Applied For |
| 23 | 28 | Not Applicable |
| Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> |
| 24 | 29 | \$8.75 Additional Fee Required |
| 25 | 30 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |
| | | \$5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

GONZALEZ, GERARDO
1281 S. HIGHLAND STREET
MOUNT DORA FL 32757

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | City |
| 84 | State |
| 85 | Zip Code |

4025 POINSETTA AVE.
MT. DORA FL 32757

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|---------------------|
| TITLE | D | 1.1 TITLE | D |
| NAME | GONZALEZ, GERARDO | 1.2 NAME | Gonzalez, Gerardo |
| STREET ADDRESS | 705 N. CLAYTON ST. | 1.3 STREET ADDRESS | 4025 POINSETTA AVE. |
| CITY-ST-ZIP | MOUNT DORA FL | 1.4 CITY-ST-ZIP | MT. DORA FL 32757 |
| TITLE | D | 2.1 TITLE | D |
| NAME | YBARDA, RAUL | 2.2 NAME | MARIA CASTILLO |
| STREET ADDRESS | 24850 448A CR. SOUTH | 2.3 STREET ADDRESS | HWY 441 DUDLEY AVE. |
| CITY-ST-ZIP | MT DORA FL | 2.4 CITY-ST-ZIP | TANGERINE FL 32777 |
| TITLE | D | 3.1 TITLE | |
| NAME | GARCIA, ESTHER | 3.2 NAME | |
| STREET ADDRESS | 5843 LAKE AVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TANGERINE FL 32777 | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)